MARYLAND COMMISSION ON KIDNEY DISEASE

THE CONNECTION

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MESSAGE FROM THE CHAIRMAN

Now that the champagne corks are done popping from New Year's Eve and we head into the post-holiday winter doldrums, we can add something special to our list of resolutions for 2006: that would be coping with the realities of Medicare Part D. I think provider and patient alike face a lot of confusion when dealing with this new "elephant in the room". I want to convey thanks to all those in the renal community who have made attempts to help us navigate through the details of this new benefit program. I personally have heard several anecdotes from providers, insurers, and patients coping with the confusion that comes once every forty years or so with a new Federal mandate like this. My understanding is that only a minority of those patients who are eligible for the benefits associated with this new program have enrolled. This is not surprising given the many complexities and plans that potential beneficiaries must consider. One saving grace is that patients have until May to enroll. So as we put together our annual to-do list for 2006, we should add learning more about Medicare Part D and encouraging our kidney patients to weigh the costs and benefits of this insurance supplement. Rest assured that the revelers in Times Square will see the ball drop many more times before we get another Federal health program of this magnitude.

Have a happy and healthy New Year!!!!

Jeffrey C. Fink MD, Chairman

COMMISSION MEETINGS

The Commission on Kidney Disease will be meeting on the following dates in 2006:

January 26, 2006

April 27, 2006

July 27, 2006

October 26, 2006

The Commission meets at the Department of Health and Mental Hygiene, 4201 Patterson Avenue Baltimore, MD 21215. The Open Session of the meeting begins at 2:00pm and is open to the public. For further information regarding these meetings, please contact the Commission office at (410) 764 4799.

INSIDE THIS ISSUE:

COMMISSION NEWS

COMMISSION WEBSITE

www.mdckd.org

Find the lasted Commission information: meeting dates, new facility information, complaint forms, regulations, Governor's report and past and current newsletters.

CHANGES IN FACILITY INFORMATION

Changes in facility ownership and management personnel must be reported to the Commission immediately upon the occurrence of such changes.

ARE YOUR ESRD PATIENTS HAVING PROBLEMS WITH MEDICARE PART D?

The National Renal Administrators Association is collecting information on dialysis patients who are experiencing problems with the new Medicare Part D drug prescription program. Write to NRAA president Tony Messana at tmessana@nraa.org detailing your case.

REGULATIONS AMENDMENTS

The Maryland Commission on Kidney Disease is in the process to amend Regulations .04, .05 and .06 under COMAR 10.30.02. Changes to these regulations include the definition of monitoring staff, social work guidelines, and the updating of required charge nurse experience. The regulations were printed in the Maryland Register on January 20, 2006, and can be accessed online at www.dsd.state.md.us.

CITATION FREE SURVEYS

The Commission is commending the following citation free facilities:

GHC Frederick
Good Samaritan-Cromwell
Davita Baltimore County
Davita Rivertowne
IDF Deaton
FMC Waldorf
FMC Porter Dundalk

It is an achievable goal, and should also be the goal of each facility in this New Year. CONGRATULATIONS for a job well done!

PLANS OF CORRECTION (POC)

The Commission has ruled that all POCs must be signed by the facility's Medical Director. The Medical Director must participate and be responsible for the facility's operations and POCs that are submitted to the Commission as a commitment for compliance with Federal and State regulations.

The facility's ongoing compliance measures should become part of the facility's quality assurance/continuous quality improvement plan and be reviewed by the interdisciplinary team during these meetings.

FACILITIES APPLYING FOR CERTIFICATION

The following facilities have applied for certification with the Commission, for KDP reimbursement purposes:

Renal Care of Seat Pleasant
Renal Care Partners of Prince Frederick
Davita-Cambridge
Good Samaritan-Lorien Frankford
DCA-West Baltimore

All the above stated facilities have been certified and are in good standing with the Commission.

CDC RECOMMENDATION: TUBERCULOSIS TESTING

According to Matthew Arduino, MS, DrPH, of the CDC, patients receiving hemodialysis are as much as 11 times more likely to have TB disease than the general population. This high frequency of TB in the dialysis population occurs because of the significant time spent in healthcare settings, thus the increased risk of being exposed to TB bacteria. It is strongly recommended and endorsed by the Commission, that dialysis facilities test patients for TB via skin test as part of the patient's admission to the facility. Healthcare workers in dialysis facilities should also be routinely screened for TB infection. Patients and staff who test positive for TB should be referred for treatment. Anyone with latent TB infection should be strongly encouraged to take the free anti-TB medication offered by local Public Health Departments. Patients and healthcare workers with latent TB must be instructed to recognize the symptoms of TB and be regularly monitored. Additionally, all local Public Health Departments should be notified of newly diagnosed active TB patients and/or staff.

CLOSED FACILITIES

The Commission received notice of closure for the following facilities:

BMA Upper Marlboro
FMC Metropolitan
Maryland General Renal Laboratory

MARYLAND PATIENT ADVOCACY GROUP (MPAG)

No other event in the history of Medicare has caused as much confusion and fear for the elderly and disabled as has Medicare Part D, the Medicare prescription drug program. The Medicare Modernization Act of 2003, while it should have been welcomed with open arms, was met with confusion and fear leaving many dual eligibles and low income beneficiaries eligible for extra help, unable to get their medications during the first weeks of the program.

Extra help allegedly in place for those with incomes below $14,355, could not be verified by an overloaded verification system; thus the poorest most fragile were often turned away without their medications. CMS had put safeguards in place:

1) One National Plan (Wellpoint), was supposed to cover anyone not having their Plan Cards, allowing them to get their medication;

2) CMS provided pharmacists with a list of situations and how to handle them. Unfortunately, anything requiring a phone call for verification was impossible with virtually millions attempting to use the same system.

What would we advise patients to do to save money and access the medications they need? Those eligible for "extra help" will eventually benefit from the system. Those with incomes over $14,355 but under $29,250 are eligible for the Senior Prescription Assistance Drug Plan. This plan allows for $25 monthly towards their premium, thus enabling them to purchase an "enhanced" plan that covers the deductible and the gap in coverage.

For information on these plans and how to apply and/or change plans, call MPAG.

Pearl Lewis,
President MPAG
410-461-6255.
http://www.kidneyadvocacy.50megs.com

This article is printed at the request of the Maryland Patient Advocacy Group and is not to be construed as the opinion of the Commission.

Spotlight on 2006 Transplant Education Programs for Dialysis Professionals

Dialysis healthcare providers who equip themselves with knowledge about the transplant field are able to alleviate some of the stress for their patients awaiting or considering transplantation. Over the years, dialysis professionals have participated in various topic-specific seminars and in-services offered by the University of Maryland, the Johns Hopkins Hospital and others.

For those interested in learning more about the sessions offered at Hopkins or wish to request a dialysis in-service on a specific transplant topic, visit the web at(www.hopkinsmedicine.org/transplant) or call the Johns Hopkins Transplant Outreach Coordinator, Jeanni Barget at 443.287.2896.

In an effort to bring together the wealth of knowledge and resources that already exist in the transplant education field, the leaders of the Maryland Kidney Commission, dialysis representatives who serve on the Kidney Commission, the staff at the Johns Hopkins Hospital and the University of Maryland Medical Center anticipate collaborating to plan a comprehensive education seminar. This seminar, to be held in autumn of 2006, will be designed to meet the general transplant information needs of Maryland-based dialysis units. If you would like more information or if you would like to request that specific topic areas be addressed during this seminar, please call Donna Adcock at 410 764 4799.

NETWORK 5 MID-ATLANTIC RENAL COALITION (MARC)
Transplant Goals and Objectives

ESRD Network 5 recommends that all dialysis facilities have a written policy defining delivery of transplant information to all patients, including: when transplant information will be presented to new patients, what tools (brochures, video, verbal) are used, and who conducts annual follow-up education/contact with the patient. Facilities should decrease the percentage of dialysis patients with no transplant status established to five percent or less. All of dialysis facilities should designate one staff member to serve as the transplant liaison to oversee transplant education, track evaluation referrals, ensure submission of laboratory samples, and track patient status changes.

The Commission's transplant subcommittee is working closely with University of Maryland and Johns Hopkins Transplant Centers to develop a mechanism to identify a transplant liaison in each dialysis facility. The transplant centers have agreed to provide education for these liaisons. This training will be offered, in conjunction with the Commission, in the summer of this year.

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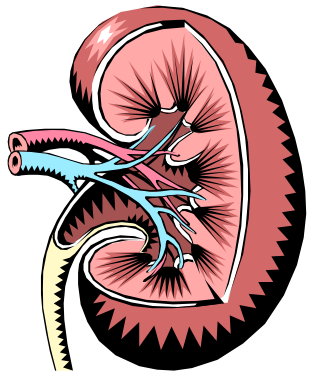

WE ARE ON THE WEB

HTTP://WWW.MDCKD.ORG

THE KIDNEY DISEASE PROGRAM OF MARYLAND

In order to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Kidney Disease Program of Maryland (KDP) has implemented an electronic claims management system (eCMS) to accept the HIPAA required standard formats and data content for electronic transactions. While providers are not required to submit claims to KDP electronically, this electronic Claims Management System (eCMS) allows the Program and providers to:

- Accept and return HIPAA compliant transactions from Medicare trading partners,
- Check the status of a submitted claim – whether manually or electronically submitted,
- Submit claims electronically to facilitate more prompt processing and payment and,
- Receive an electronic remittance advice to reconcile bills submitted.

The system improves the Kidney Disease Program's efficiency by reducing the time needed to evaluate claims, allowing the Program to spend more time focusing on patient and program needs. For more information about how providers may be able to take advantage of the electronic communications service KDP is providing, please refer to the website at www.dhmheclaims.org.

Effective January 1, 2006, Medicare is offering prescription drug coverage to individuals who are eligible for Medicare. Individuals, who currently receive Medicare and KDP, may **voluntarily** choose to purchase Medicare Prescription Drug coverage. The Department strongly encourages KDP recipients to enroll by selecting a Prescription Drug Plan, because coverage under KDP is limited to drugs needed to treat patients with End Stage Renal Disease. If a KDP patient is diagnosed with another type of illness, KDP may not provide drug coverage for the illness. **The Maryland Kidney Disease Program will not pay the monthly premium for those who enroll in Medicare Part D.** The Maryland Kidney Disease Program will pay the co-pay and deductibles, as well as pay for drugs covered by the KDP formulary when there is no coverage under Medicare Part D. The Maryland Kidney Disease Program has been determined to be creditable coverage; therefore, if a KDP recipient, who is also an eligible Medicare beneficiary, enrolls in Part D after the initial enrollment period, that beneficiary will not have to pay a penalty to Medicare.

Carol Manning, Chief, KDP

KIDNEY DISEASE PROGRAM DRUG FORMULARY

Requests were submitted to the Commission and the KDP for approval of Fosrenol and Prosource to be added to the formulary. After an extensive evaluation, these drugs were added to the formulary, thus are reimbursable for eligible recipients.